



2600 Maitland Center Pkwy.
Suite 300
Maitland, FL 32751
P.O. Drawer 200
Winter Park, FL
32790-0200
Tel: 407-740-8575
Fax: 407-740-0613
www.tminc.com

Clerk's Office
South Carolina Public Service Commission
101 Executive Center Dr.
Columbia, SC 29210

RE: WiMacTel, Inc
SC Authorized Utility Representative

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative, filed on behalf of WiMacTel, Inc. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Marie Simpson
Compliance Reporting Specialist

file: WiMacTel, Inc - Reporting - South Carolina

MS/ab

249743

March 27, 2014
Via Overnight Delivery

RECEIVED
MARCH 27 2014
10:05 AM
CLERK'S OFFICE
PUBLIC SERVICE COMMISSION

STATE OF SOUTH CAROLINA

(Caption of Case)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

COVER LETTER

DOCKET

NUMBER: 210 - 225 - C

(Please type or print)

Submitted by: WiMacTel, Inc.

SC Bar Number:

Address: 13515 I Circle
Omaha, NE 68137

Telephone: 800-820-4680

Fax: 877-476-0890

Other:

Email: jmackenzie@wimactel.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition

☐ Request for item to be placed on Commission's Agenda expeditiously

☒ Other: Authorized Utility Representative

INDUSTRY (Check one)

- ☐ Electric
- ☐ Electric/Gas
- ☐ Electric/Telecommunications
- ☐ Electric/Water
- ☐ Electric/Water/Telecom.
- ☐ Electric/Water/Sewer
- ☐ Gas
- ☐ Railroad
- ☐ Sewer
- ☒ Telecommunications
- ☐ Transportation
- ☐ Water
- ☐ Water/Sewer
- ☐ Administrative Matter
- ☐ Other:

NATURE OF ACTION (Check all that Apply)

- ☐ Affidavit
- ☐ Agreement
- ☐ Answer
- ☐ Appellate Review
- ☐ Application
- ☐ Brief
- ☐ Certificate
- ☐ Comments
- ☐ Complaint
- ☐ Consent Order
- ☐ Discovery
- ☐ Exhibit
- ☐ Expedited Consideration
- ☐ Interconnection Agreement
- ☐ Interconnection Amendment
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Memorandum
- ☐ Motion
- ☐ Objection
- ☐ Petition
- ☐ Petition for Reconsideration
- ☐ Petition for Rulemaking
- ☐ Petition for Rule to Show Cause
- ☐ Petition to Intervene
- ☐ Petition to Intervene Out of Time
- ☐ Prefiled Testimony
- ☐ Promotion
- ☐ Proposed Order
- ☐ Protest
- ☐ Publisher's Affidavit
- ☒ Report
- ☐ Request
- ☐ Request for Certification
- ☐ Request for Investigation
- ☐ Resale Agreement
- ☐ Resale Amendment
- ☐ Reservation Letter
- ☐ Response
- ☐ Response to Discovery
- ☐ Return to Petition
- ☐ Stipulation
- ☐ Subpoena
- ☐ Tariff
- ☐ Other:

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☒ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

<u>WiMacTel, Inc.</u>		
<u>Company Name</u>		<u>FEIN/SSN</u>
<u>Dbaf/ka</u>	<u>13515 I Circle</u>	<u>877-776-0042</u>
<u>Mailing Address</u>		<u>Telephone #</u>
<u>Omaha, NE 68137</u>		
<u>City, State, Zip Code</u>		
<u>13515 I Circle</u>		
<u>Business Location</u>		
<u>Omaha, NE 68137</u>		
<u>City, State, Zip Code</u>		<u>County</u>

REGISTERED AGENT INFORMATION

<u>Registered Agent: National Registered Agents, Inc.</u>
<u>Mailing Address: 2 Office Park Court, Suite 103</u>
<u>City, State, Zip Code: Columbia, SC 29223</u>

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- James MacKenzie
- A. **General Manager** (Include Address if different than above)
- | | | |
|-------------------------|---------------------------|---------------------------------|
| <u>800-820-4680</u> | <u>/ 877-476-0890</u> | <u>/jmackenzie@wimactel.com</u> |
| <u>Telephone Number</u> | <u>/ Facsimile Number</u> | <u>/ E-mail Address</u> |
- James MacKenzie
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
- | | | |
|-------------------------|---------------------------|----------------------------|
| <u>800-820-4680</u> | <u>/ 877-476-0890</u> | <u>/ info@wimactel.com</u> |
| <u>Telephone Number</u> | <u>/ Facsimile Number</u> | <u>/ E-mail Address</u> |
- James MacKenzie
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above)
- | | | |
|-------------------------|---------------------------|----------------------------------|
| <u>800-820-4680</u> | <u>/ 877-476-0890</u> | <u>/ jmackenzie@wimactel.com</u> |
| <u>Telephone Number</u> | <u>/ Facsimile Number</u> | <u>/ E-mail Address</u> |
- 888-476-0881
- C2. **Customer Contact (Toll Free Number)**
- D. **Engineering Operations** (Include address if different than above.)
- | | | |
|-------------------------|---------------------------|---------------------------|
| <u>888-476-0881</u> | <u>/</u> | <u>/info@wimactel.com</u> |
| <u>Telephone Number</u> | <u>/ Facsimile Number</u> | <u>/ E-mail Address</u> |
- Repair
- E. **Test and Repair** (Include address if different than above.)
- | | | |
|-------------------------|---------------------------|------------------------------|
| <u>888-476-0881</u> | <u>/</u> | <u>/ repair@wimactel.com</u> |
| <u>Telephone Number</u> | <u>/ Facsimile Number</u> | <u>/ E-mail Address</u> |
- James MacKenzie
- F. **Emergencies** (During non-office hours)
- | | | |
|-------------------------|---------------------------|----------------------------------|
| <u>800-820-4680</u> | <u>/ 877-476-0890</u> | <u>/ jmackenzie@wimactel.com</u> |
| <u>Telephone Number</u> | <u>/ Facsimile Number</u> | <u>/ E-mail Address</u> |

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

James MacKenzie		
G.	Regulatory Officer (Include Address if different than above)	
	800-820-4680	/ 877-476-0890 / jmackenzie@wimactel.com
	Telephone Number	/ Facsimile Number / E-mail Address
Marie Simpson		
H.	Dual Party Mailings (Name)	
	P.O. Drawer 200, Winter Park, FL 32790-0200	
	(Mailing Address)	
	407-740-8575	/ 407-740-0613 / msimpson@tminc.com
	Telephone Number	/ Facsimile Number / E-mail Address
Marie Simpson		
I.	Interim LEC Fund Mailings (Name)	
	P.O. Drawer 200, Winter Park, FL 32790-0200	
	(Mailing Address)	
	407-740-8575	/ 407-740-0613 / msimpson@tminc.com
	Telephone Number	/ Facsimile Number / E-mail Address
Marie Simpson		
J.	Universal Service Fund Mailings (Name)	
	P.O. Drawer 200, Winter Park, FL 32790-0200	
	(Mailing Address)	
	407-740-8575	/ 407-740-0613 / msimpson@tminc.com
	Telephone Number	/ Facsimile Number / E-mail Address
Marie Simpson		
K.	Gross Receipts Mailings (Name)	
	P.O. Drawer 200, Winter Park, FL 32790-0200	
	(Mailing Address)	
	407-740-8575	/ 407-740-0613 / msimpson@tminc.com
	Telephone Number	/ Facsimile Number / E-mail Address
Marie Simpson		
L.	Lifeline Mailings (Name)	
	P.O. Drawer 200, Winter Park, FL 32790-0200	
	(Mailing Address)	
	407-740-8575	/ 407-740-0613 / msimpson@tminc.com
	Telephone Number	/ Facsimile Number / E-mail Address

This form was completed by

TECHNOLOGIES MANAGEMENT, INC.
AS ATTORNEY-IN-FACT
BY THOMAS M. FORTE

Signature

Title

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201



2600 Maitland Center Pkwy.
Suite 300
Maitland, FL 32751
P.O. Drawer 200
Winter Park, FL
32790-0200
Tel: 407-740-8575
Fax: 407-740-0613
www.tninc.com

Clerk's Office
South Carolina Public Service Commission
101 Executive Center Dr.
Columbia, SC 29210

RE: TNCI Operating Company, LLC
SC Authorized Utility Representative

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative , filed on behalf of TNCI Operating Company, LLC. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly Geuder".

Kimberly Geuder
Compliance Reporting Specialist

file: TNCI Operating Company, LLC - Reporting - South Carolina

KG/ab

249742

March 27, 2014
Via Overnight Delivery

RECEIVED
MARCH 27 2014
PUBLIC SERVICE
COMMISSION

STATE OF SOUTH CAROLINA

(Caption of Case)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

COVER LETTER

DOCKET
NUMBER: _____ - _____ - _____

(Please type or print)

Submitted by: TNCI Operating Company, LLC

SC Bar Number: _____

Address: 114 E. Haley Street, Suite A
Santa Barbara, CA 93101Telephone: 805-560-7809Fax: 805-965-2476

Other: _____

Email: tgeery@TNCIL.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition☐ Request for item to be placed on Commission's Agenda expeditiously☒ Other: Authorized Utility Representative

INDUSTRY (Check one)

- ☐ Electric
☐ Electric/Gas
☐ Electric/Telecommunications
☐ Electric/Water
☐ Electric/Water/Telecom.
☐ Electric/Water/Sewer
☐ Gas
☐ Railroad
☐ Sewer
☒ Telecommunications
☐ Transportation
☐ Water
☐ Water/Sewer
☐ Administrative Matter
☐ Other:

NATURE OF ACTION (Check all that Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Affidavit | <input type="checkbox"/> Letter | <input type="checkbox"/> Request |
| <input type="checkbox"/> Agreement | <input type="checkbox"/> Memorandum | <input type="checkbox"/> Request for Certification |
| <input type="checkbox"/> Answer | <input type="checkbox"/> Motion | <input type="checkbox"/> Request for Investigation |
| <input type="checkbox"/> Appellate Review | <input type="checkbox"/> Objection | <input type="checkbox"/> Resale Agreement |
| <input type="checkbox"/> Application | <input type="checkbox"/> Petition | <input type="checkbox"/> Resale Amendment |
| <input type="checkbox"/> Brief | <input type="checkbox"/> Petition for Reconsideration | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Petition for Rulemaking | <input type="checkbox"/> Response |
| <input type="checkbox"/> Comments | <input type="checkbox"/> Petition for Rule to Show Cause | <input type="checkbox"/> Response to Discovery |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Petition to Intervene | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Consent Order | <input type="checkbox"/> Petition to Intervene Out of Time | <input type="checkbox"/> Stipulation |
| <input type="checkbox"/> Discovery | <input type="checkbox"/> Prefiled Testimony | <input type="checkbox"/> Subpoena |
| <input type="checkbox"/> Exhibit | <input type="checkbox"/> Promotion | <input type="checkbox"/> Tariff |
| <input type="checkbox"/> Expedited Consideration | <input type="checkbox"/> Proposed Order | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Interconnection Agreement | <input type="checkbox"/> Protest | |
| <input type="checkbox"/> Interconnection Amendment | <input type="checkbox"/> Publisher's Affidavit | |
| <input type="checkbox"/> Late-Filed Exhibit | <input checked="" type="checkbox"/> Report | |

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☐ IXC ☒ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

TNCI Operating Company, LLC

Company Name

FEIN/SSN

805-560-7809

Dba/fka

Telephone #

114 E. Haley Street, Suite A

Mailing Address

Santa Barbara, CA 93101

City, State, Zip Code

114 E. Haley Street, Suite A

Business Location

Santa Barbara, CA 93101

Santa Barbara

City, State, Zip Code

County

REGISTERED AGENT INFORMATION

Registered Agent: Corporation Service Company

Mailing Address: 1703 Laurel Street

City, State, Zip Code: Columbia, SC 29201

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

Tyler Geery

- A. **General Manager** (Include Address if different than above)
- | | | |
|------------------|--------------------|--------------------|
| 805-560-7809 | / 805-965-2476 | / tgeery@TNCII.com |
| Telephone Number | / Facsimile Number | / E-mail Address |
- Tyler Geery
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)
- | | | |
|------------------|--------------------|--------------------|
| 805-560-7809 | / 805-965-2476 | / tgeery@TNCII.com |
| Telephone Number | / Facsimile Number | / E-mail Address |
- Tyler Geery
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above)
- | | | |
|------------------|--------------------|--------------------|
| 805-560-7809 | / 805-965-2476 | / tgeery@TNCII.com |
| Telephone Number | / Facsimile Number | / E-mail Address |
- 800-800-8400
- C2. **Customer Contact (Toll Free Number)**
- Stephanie Edwards
- D. **Engineering Operations** (Include address if different than above.)
- | | | |
|------------------|--------------------|----------------------|
| 805-560-7809 | / 805-965-2476 | / sedwards@TNCII.com |
| Telephone Number | / Facsimile Number | / E-mail Address |
- E. **Test and Repair** (Include address if different than above.)
- | | | |
|------------------|--------------------|------------------|
| / | / | / |
| Telephone Number | / Facsimile Number | / E-mail Address |
- Steve Chapman
- F. **Emergencies** (During non-office hours)
- | | | |
|------------------|--------------------|----------------------|
| 209-926-3287 | / 805-965-2476 | / schapman@tncii.com |
| Telephone Number | / Facsimile Number | / E-mail Address |

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

Tyler Geery

G. **Regulatory Officer** (Include Address if different than above)
805-560-7809 / 805-965-2476 / tgeery@TNCII.com
Telephone Number / Facsimile Number / E-mail Address

Kimberly Geuder

H. **Dual Party Mailings (Name)**
P.O. Drawer 200, Winter Park, FL 32790-0200
(Mailing Address)
407-740-8575 / 407-740-0613 / kgeuder@tminc.com
Telephone Number / Facsimile Number / E-mail Address

Kimberly Geuder

I. **Interim LEC Fund Mailings (Name)**
P.O. Drawer 200, Winter Park, FL 32790-0200
(Mailing Address)
407-740-8575 / 407-740-0613 / kgeuder@tminc.com
Telephone Number / Facsimile Number / E-mail Address

Kimberly Geuder

J. **Universal Service Fund Mailings (Name)**
P.O. Drawer 200, Winter Park, FL 32790-0200
(Mailing Address)
407-740-8575 / 407-740-0613 / kgeuder@tminc.com
Telephone Number / Facsimile Number / E-mail Address

Kimberly Geuder

K. **Gross Receipts Mailings (Name)**
P.O. Drawer 200, Winter Park, FL 32790-0200
(Mailing Address)
407-740-8575 / 407-740-0613 / kgeuder@tminc.com
Telephone Number / Facsimile Number / E-mail Address

Kimberly Geuder

L. **Lifeline Mailings (Name)**
P.O. Drawer 200, Winter Park, FL 32790-0200
(Mailing Address)
407-740-8575 / 407-740-0613 / kgeuder@tminc.com
Telephone Number / Facsimile Number / E-mail Address

This form was completed by

TECHNOLOGIES MANAGEMENT, INC.
AS ATTORNEY-IN-FACT
BY THOMAS M. FORTE


Signature

Title


Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201